

ADMINISTRATIVE FILES

REPORT FUNDING, 51-2021/12, 1921 +
ADMINISTRATIVE FUNDING 1921

THE UNIVERSITY OF ALBERTA ARCHIVES	
Accession No.	72-123
Item No.	65
Box No.	1

10652-1
TECHNOCRACY INC.

CONTACT QUESTIONNAIRE

Name of Contact or
Prospective Member.....(Surname first)

Address.....Phone.....

Occupation.....

Now Employed.....Where.....

Remarks.....

Contact Read Any Literature?..... What Attitude Shown?.....

Suggest Male or Female Interviewer.....

Form COS 5. (OVER)
(signed) Section Member.

When completed return to Organization Committee.

ORGANIZATION COMMITTEE REPORT

Date of first call.....
Call made by.....
Approximate time.....
Topic of discussion.....
.....
Membership Application.....
Should a follow-up be made?..... When?.....
Any literature sold or given?..... What?.....
.....

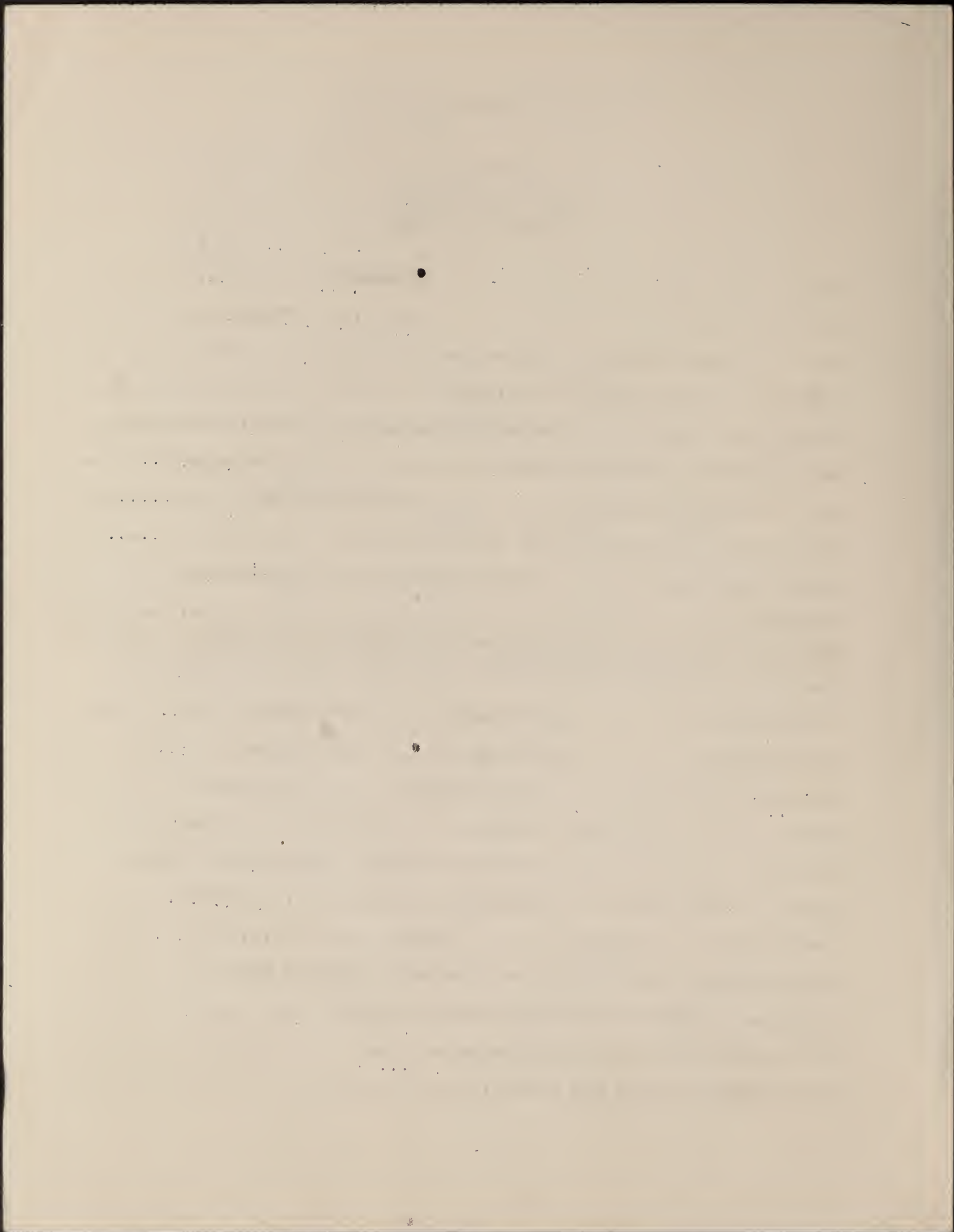
SUBSEQUENT CONTACTS:

Date	Member Contacting	Result
.....
.....
.....

This form to be used by Organization Committee.

10652 - 1
TELETYPEGRAPHY INC.
1064, 3rd Avenue S.,
Saskatoon, Sask.

Name:..... Address:.....
Occupation:.....Phone:.....
Skilled in what technical occupation:
Familiar with what branch of science:
Do you enjoy reading.... Discussing economics....Social conditions...
Can you answer objections calmly:.....Convincingly:.....
Are you a public speaker:..... Do you desire to be:.....
Are you free to go out of town if so required:
At your own expense:..... Are you experienced in organizing
committees:
Mark (a) after each of the following at which you are expert, (b)
after what you can do fairly well, (c) after what you can do in a
pinch to help out.
Typewriting:.....Painting:.....Bookkeeping:.....
Mimeographing:.....Carpenter:.....Accounting:.....
Directing education:.....Letterwriting:.....Printing:.....
Drawing:.....Directing Parties:.....Sports:.....Music:.....
Mark with (x) each of the following that you can supply or lend:
Books:....Typewriter:.....Mimeograph Machine:.....Camera:.....
Class Room:.....Car:.....Type:.....
How many hours per week can you donate for section work:.....
Would you prefer to do all such work at home:.....
What Committee are you functioning on:.....
What Committee would you prefer:.....





TECHNOCRACY INCORPORATED

MEMBERSHIP APPLICATION

I, _____, a citizen of the national entity of the
(Type or print name in full with family name last)
North American Continent in which I reside, hereby apply for membership in Technocracy Incorporated as follows herewith.

(Street address) (City or town) (State or Province & Postal Zone)

Date of birth _____ City and country of birth _____

Age _____ Sex _____ Height _____ Weight _____ Eyes (Color) _____ Hair (Color) _____

If naturalized: Date _____ Place _____

Personal religion (Past) _____ (Present) _____

Single, Married, Divorced, Widowed _____ Number of children born _____

Wife or Husband: Name (Wife's maiden name) _____

Descent _____ Age _____ Religion _____

Elementary school: Completed ☐ Yes ☐ No Secondary School: Completed ☐ Yes ☐ No

Technical schools, colleges, universities:

Name _____ Dates _____ Degrees _____

Present employer _____ Position _____

Date of assuming duties _____ Brief description of duties _____

Industry _____ Division _____
(Agriculture, steel, etc.) (Production, distribution, etc.)

Profession _____ Field of specialization _____

Recent past employment:

Position	Field of Occupation	Employer's Name	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Present state of health (good, fair, poor) _____

Other organizations, hobbies, remarks _____

IMPORTANT: Applicant please read carefully the information found at the lower half of this page under the heading, "For the Applicant". Applicant must not write in the space above that heading.

(Date rec'd
at CHQ)

(CHQ, type name in full)

(Section stamp)

Transfers:

Date

Reference

To

Application Approval

Application approved by:

(In the Field, Governor of New Membership Committee, or Organizer)

Application approved by:

(At CHQ, Division of Organization)

FOR THE APPLICANT

Note: Applicants must apply to a Section, Unit or Group if there is one chartered in their locality. All others will apply for membership-at-large.

Membership dues are payable in advance as follows:

Applicants for membership in a Section, Unit or Group may pay their annual dues (a) in full for the year (but only if they join during the month of January), (b) in full for the remaining months of the fiscal year (the fiscal year ends December 31), or (c) in regular monthly installments. See the Bylaws and General Regulations. Payable to unit being joined.

Applicants for membership-at-large may pay their annual dues only as in (a) or (b) above; they may not pay them in monthly installments. Payable to Technocracy Inc., Savannah, Ohio.

Included herewith is payment of dues, according to the requirements above \$ _____

Also included herewith is the price of the official Monad *button* or *pin* (cross out one) \$ _____

Total \$ _____

I understand that certification of my membership in the form of a member's identification card, bearing the facsimile signature of the Continental Director of Technocracy Inc., will be issued to me only after approval of my application by the Division of Organization, Continental Headquarters, Technocracy Inc., Savannah, Ohio.

I am not a member or officer of, nor do I subscribe to the principles of, any political organization or party. (I understand that the act of voting is not to be construed as constituting membership in a political party.)

I pledge to adhere loyally to the objectives of Technocracy Inc., and to comply with its Bylaws and General Regulations.

I certify that the information given herein by me is, to the best of my knowledge, correct.

(Date of Application)

Signed: _____

(Applicant)

Note: The following signature is required if the applicant is a minor.

I hereby attest that the foregoing information is correct, and I give my full permission for the applicant's participation in the activities of Technocracy, Inc.

Signed: _____

(Parent or Guardian)



TECHNOCRACY
INCORPORATED

*Adopted
as of 20 Jan 77.*

MEMBERSHIP APPLICATION

I, _____, a citizen of the national entity of the
(Type or print name in full with family name last)
North American Continent in which I reside, hereby apply for membership in Technocracy Incorporated as follows herewith.

(Street address) (City or town) (State or Province)

Date of birth _____ City and country of birth _____

Age _____ Sex _____ Height _____ Weight _____ Eyes (Color) _____ Hair (Color) _____

If naturalized: Date _____ Place _____ Date last voted _____

Personal religion (Past) _____ (Present) _____

Father: Name _____ Descent _____

Country of citizenship _____ Religion _____

Mother: Maiden name _____ Descent _____

Country of citizenship _____ Religion _____

Wife or Husband: Name (Wife's maiden name) _____

Descent _____ Age _____ Religion _____

Elementary school: Name _____ City _____ Years _____

Secondary school: Name _____ City _____ Years _____

Technical schools, colleges, universities:

Name _____ Dates _____ Degrees _____

Single, Married, Divorced, Widowed _____ Number of children born _____

Children now living: (1) Age _____ Sex _____ (2) _____ (3) _____ (4) _____

(5) _____ (6) _____ (7) _____ Total number of dependents _____

Present state of health (good, fair, poor) _____ Date last examined _____

Past major illnesses and operations, with dates _____

Chronic complaints _____

Permanent injuries (Describe accurately) _____

Defects of: Hearing _____ Feet _____

Vision _____ Wear glasses _____ What correction _____

Varicose veins _____ Hernia _____ Truss _____

Condition of teeth (good, fair, poor) _____ Number of plates _____ Extractions _____

Life insured _____ Name(s) of Company(ies) _____

Present employer _____ Position _____

Date of assuming duties _____ Brief description of duties _____

Industry _____ (Agriculture, steel, etc.) Division _____ (Production, distribution, etc.)

Profession _____ Field of specialization _____

Recent past employment:

Position	Field of Occupation	Employer's Name	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Affiliations (Yes or No):

Labor Union _____ Name _____ Local No. _____

Army Reserve Corps _____ Unit _____ Rank _____

National Guard (Militia) _____ Unit _____ Rank _____

American (Canadian) Legion _____ Post _____

Veterans organization _____ Name _____

Fraternal society _____ Name _____

Parent-Teacher society _____ Name _____

American Radio Relay League _____

Do you have a motor vehicle operating license? _____

Do you own an automobile? _____ (Make) _____ (Year) _____

What athletics do you engage in? _____

Hobbies and remarks _____

I understand that certification of my membership in the form of a member's identification card, bearing the facsimile signature of Howard Scott, Continental Director of Technocracy Inc., will be issued to me only after approval of my application by the Division of Organization, Continental Headquarters, Technocracy Inc., Rushland, Pa.

I am not a member or officer of, nor do I subscribe to the principles of, any political organization or party. (I understand that the act of voting is not to be construed as constituting membership in a political party.)

I pledge to adhere loyally to the objectives of Technocracy Inc., and to comply with its Bylaws and General Regulations.

I certify that the information given herein by me is, to the best of my knowledge, correct.

Signed: _____

(Date of Application)

(Applicant)

Note: The following signature is required if the applicant is a minor.

I hereby attest that the foregoing information is correct, and I give my full permission for the applicant's participation in the activities of Technocracy Inc.

Signed: _____

(Parent or Guardian)

IMPORTANT: Applicant please read carefully the information found at the lower half of this page under the heading, "For the Applicant". Applicant must not write in the space above that heading.

(Date rec'd
at CHQ)

(Date Membership
card issued)

(CHQ, type name in full)

(Section stamp)

Transfers:

Date

Reference

To

Application Approval

In the Field:

The following signature is required if the applicant is applying for membership in a chartered Section, Unit or Group.

Application approved by: (Governor of New Membership Committee, or Organizer)

At Continental Headquarters:

Application approved by: (For the Division of Organization)

FOR THE APPLICANT

Note: Applicants must apply to a Section, Unit or Group if there is one chartered in their locality. All others will apply for membership-at-large.

Membership dues are payable in advance as follows:

Applicants for membership in a Section, Unit or Group may pay their annual dues (a) in full for the year (but only if they join during the month of January), (b) in full for the remaining months of the fiscal year (the fiscal year ends December 31), or (c) in regular monthly installments. See the Bylaws and General Regulations.

Applicants for membership-at-large may pay their annual dues only as in (a) or (b) above; they may not pay them in monthly installments.

Applicants for membership in a Section, Unit or Group must make checks or money orders payable to the unit they wish to join. Applicants for membership-at-large must make checks or money orders payable to Technocracy Inc., Rushland, Pa.

Included herewith is payment of dues, according to the requirements above\$

Also included herewith is the price of the official Monad button or pin (cross out one)\$

Total \$

Applicants for membership in a Section, Unit or Group must execute and sign this form in the presence of a member of the New Membership Committee, or Organizer; applicants for membership-at-large must return this form to Continental Headquarters, Technocracy Inc., Rushland, Pa.



TECHNOCRACY
INCORPORATED

MEMBERSHIP APPLICATION

CONTINENTAL HEADQUARTERS, TECHNOCRACY INC., 155 EAST 44TH STREET, NEW YORK, N. Y.

I, _____, a citizen of the national entity of the
(Type or print name in full with family name last)
North American Continent in which I reside, hereby apply for membership in Technocracy Incorporated as follows herewith.

(Street address) (City or town) (State or Province)

Date of birth _____ City and country of birth _____

Age _____ Sex _____ Height _____ Weight _____ Eyes (Color) _____ Hair (Color) _____

Personal religion (Past) _____ (Present) _____

If naturalized (Date) _____ (Place) _____ Date last voted _____

Descent: of Father _____ of Mother _____

Country of citizenship: of Father _____ of Mother _____

Religion: of Father _____ of Mother _____

Name of elementary school _____ City _____

Number of years attended _____ Date: (From) _____ (To) _____

Name of secondary school _____ City _____

Number of years attended _____ Date: (From) _____ (To) _____

Name of technical school _____ Date: (From) _____ (To) _____

Name of college _____ Date: (From) _____ (To) _____

Name of university _____ Date: (From) _____ (To) _____

Major subjects studied _____

Degrees, and dates _____

Single, Married, Divorced, or Widowed _____ Number of children born _____

Children now living: Age _____ Sex _____, Age _____ Sex _____, Age _____ Sex _____, Age _____ Sex _____,
Age _____ Sex _____, Age _____ Sex _____. Total number of dependents _____

Present state of health (Good, Fair, Poor) _____ Chronic complaint _____

Past major illnesses and operations, with dates _____

Permanent injuries (Describe accurately) _____

Defects of vision _____ Wear glasses _____ What correction _____

Condition of teeth (Good, Fair, Poor) _____ Number of: Bridges _____ Plates _____ Extractions _____

Defects of hearing _____ Nature of any defect of feet _____

Varicose veins _____ Hernia _____ Truss _____ Life insured _____ Company(s) _____

_____ Date last examined _____

Present employer_____Position_____

Date of assuming duties_____Brief description of duties_____

Industry_____Division_____
(Agriculture, steel, etc.) (Production, distribution, etc.)

Profession_____Field of specialization_____

Recent past employment:

Position	Field of Occupation	Employer's Name	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Affiliations (Yes or no):

Labor Union_____Name_____Local No._____

Army Reserve Corps_____Unit_____Rank_____

National Guard (Militia)_____Unit_____Rank_____

American (Canadian) Legion_____Post_____

Veterans' organization_____Name_____

Fraternal society_____Name_____

Parent-Teachers' society_____Name_____

American Radio Relay League_____

Do you have a motor vehicle operating license?_____

Do you own an automobile?_____ (Make)_____ (Year)_____

What athletics do you engage in?_____

Hobbies and remarks_____

I understand that certification of my membership in the form of a member's identification card, bearing the facsimile signature of Howard Scott, Continental Director of Technocracy Inc., will be issued to me only after approval of my application by the Division of Organization, Continental Headquarters, Technocracy Inc., New York, N. Y.

I am not a member or officer of, nor do I subscribe to the principles of, any political organization or party. (I understand that the act of voting is not to be construed as constituting membership in a political party.)

I pledge to adhere loyally to the objectives of Technocracy Inc., and to comply with its By-Laws and General Regulations.

I certify that the information given herein by me is, to the best of my knowledge, correct.

(Date of Application) Signed:_____ (Applicant)

Note: The following signature is required if the applicant is a minor applying for membership in an adult Section.

I hereby attest that the foregoing information is correct, and I give my full permission for the applicant's participation in the activities of Technocracy Inc.

Signed:_____ (Parent or Guardian)

IMPORTANT: Applicant please read carefully the information found at the lower half of this page under the heading, "For the Applicant". Applicant must not write in the space above that heading.

(Date rec'd at CHQ)	(Remit. Mals)	(File)
(CHQ, type name in full)		(Section stamp)
Transfers:		
Date	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Application Approval		
In the Field:		
The following signature is required if the applicant is applying for membership in a chartered Section, or a group in process of forming a Section.		
Application approved by: _____ (Chairman of New Membership Committee, or Organizer)		
At Continental Headquarters:		
Application approved by: _____ (For the Division of Organization)		

FOR THE APPLICANT

Note: This form serves as an application for either Section membership or membership-at-large. Section membership is the classification whereunder the member belongs to a chartered Section (or a Section in the process of formation). Applicants must apply to a Section if there is a chartered Section (or a Section in the process of formation) in their locality. All others will apply for membership-at-large.

Membership dues are payable in advance as follows:

Applicants for Section membership may pay their annual dues (a) in full for the year (but only if they join during the month of January), (b) in full for the remaining months of the fiscal year (the fiscal year ends December 31), or (c) in regular monthly installments. See the By-Laws and General Regulations.

Applicants for membership-at-large may pay their annual dues only as in (a) or (b) above; they may not pay them in monthly installments.

Applicants for Section membership must make checks or money orders payable to the *Section* they wish to join.

Applicants for membership-at-large must make checks or money orders payable to *Technocracy Inc.*, New York, N. Y.

Included herewith is payment of dues, according to the requirements above\$

Also included herewith is ⁷⁰~~50~~ cents additional* for the official Monad button or pin (cross out one) \$ _____

*Plus customs duty outside the United States and its possessions.

Total \$

Applicants for Section membership must execute and sign this form in the presence of a member of the New Membership Committee, or Organizer; applicants for membership-at-large must return this form to Continental Headquarters, Technocracy Inc., 155 East 44th Street, New York, N. Y.

SECTION PUBLIC MEETING REPORT

TO: DIVISION OF PUBLIC SPEAKING
CHQ. TECHNOCRACY INC.

FROM:

MONTH COVERED DATE COMPILED SECTION STAMP

DATE PLACE HELD SPEAKER SUBJECT

- 1.
- 2.
- 3.
- 4.
- 5.

CAPACITY No of SIGNED LITERATURE ADMISSION ADMISSION OR
of HALL ATTENDANCE MA'S OBTAINED RECEIPTS CHARGED COLLEC. RECEIPTS

1. \$ \$ \$
- 2.
- 3.
- 4.
- 5.
- TOTALS: \$ \$

REMARKS:

(TREASURER CARRY
FORWARD THIS TOTAL
COMBINED WITH 6.2
COLLECTIONS, TO 8.10
UNDER "INCOME
RECEIPTS")

APPROVED BY: _____

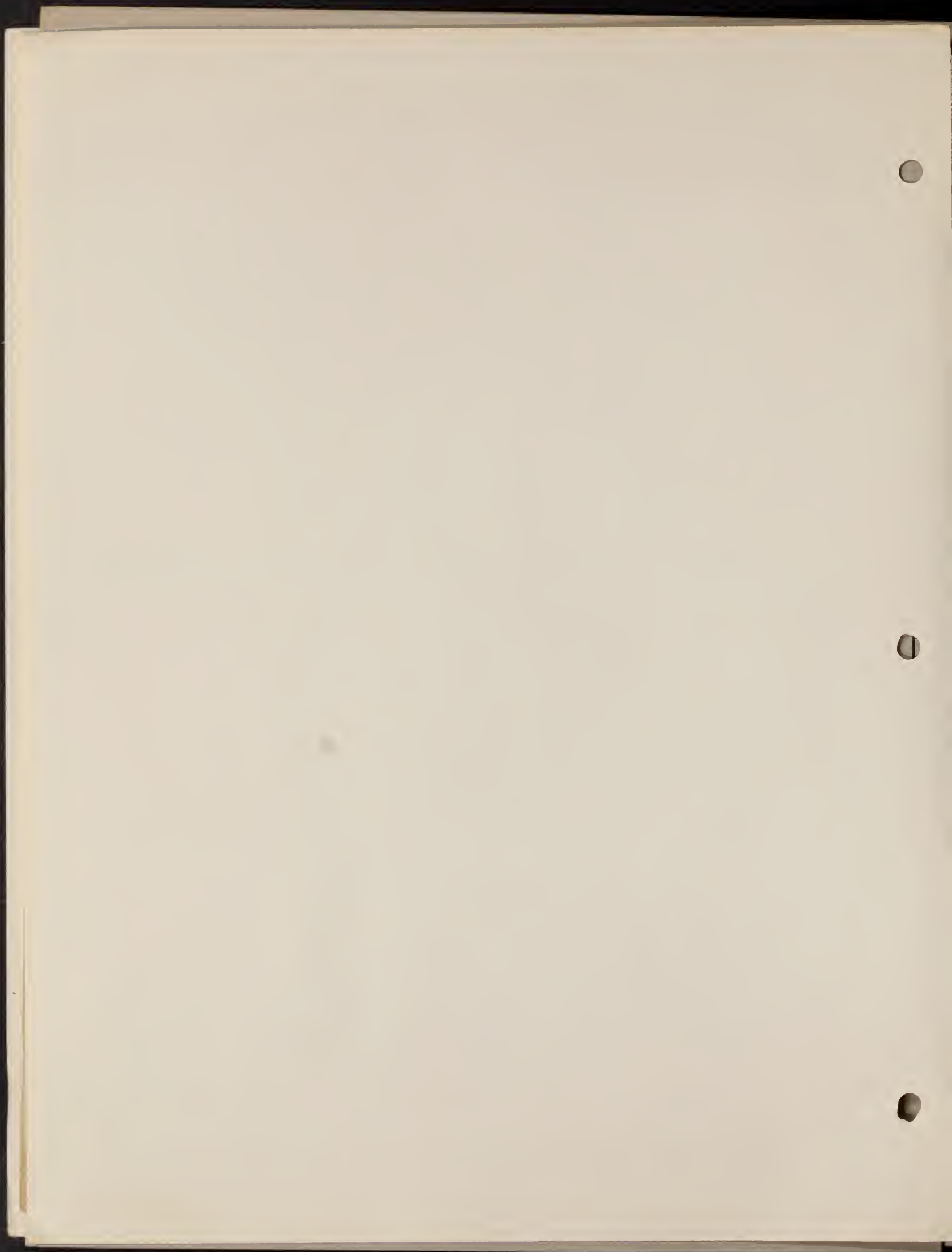
SECTION DIRECTOR

COMPILED BY: _____

CHAIR, OF PUBLIC SPEAKING COM.

INSTRUCTIONS:

- (A) PREPARE THIS REPORT IN DUPLICATE
- (B) ORIGINAL MUST BE DELIVERED ON SCHEDULE TO THE TREASURER TO ACCOMPANY HIS MONTHLY REPORT TO CHQ



SECTION STUDY CLASS MEETING REPORT

TO: DIVISION OF EDUCATION
CHQ. TECHNOCRACY INC.

FROM:

_____ MONTH COVERED	_____ DATE COMPILED	_____ SECTION STAMP				
_____ DATE	_____ PLACE HELD	_____ CLASS LEADER	_____ NO. OF LESSON	_____ NO. OF MEMBERS ATTEND	_____ NO. OF GUESTS ATTEND	_____ TOTAL COLLECTION (IF TAKEN)

\$

TOTALS:

\$

(TREASURER CARRY
COLL. TOTAL FORWARD.
COMBINED WITH S-1
ADMISSION RECEIPTS.
TO S-10 UNDER
"INCOME RECEIPTS")

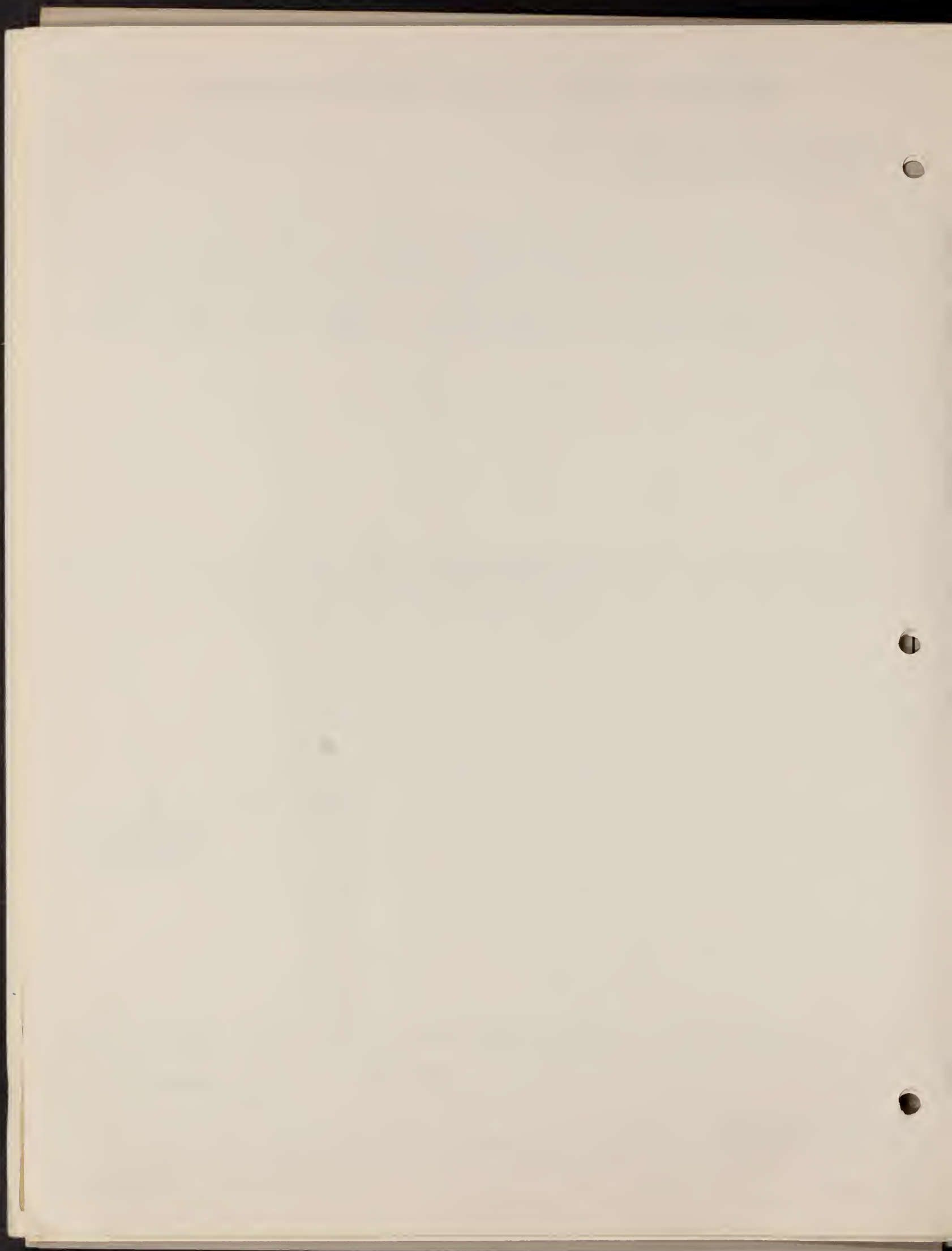
REMARKS:

APPROVED BY: _____
SECTION DIRECTOR

COMPILED BY: _____
CHAIR. OF EDUCATION COM.

INSTRUCTIONS:

- (A) PREPARE THIS REPORT IN DUPLICATE.
- (B) ORIGINAL MUST BE DELIVERED ON SCHEDULE TO THE TREASURER TO ACCOMPANY HIS MONTHLY REPORT TO CHQ.



SECTION BOARD OF GOVERNORS MEETING REPORT

TO: DIVISION OF ORGANIZATION
CHQ, TECHNOCRACY INC.

FROM:

MONTH COVERED

DATE COMPILED

SECTION STAMP

DATE HELD:

PLACE:

CHAIRMAN:

ROLL OF OFFICERS PRESENT (LAST NAME ONLY):

ABSENTEE OFFICERS (IF EXCUSED, STATE SO):

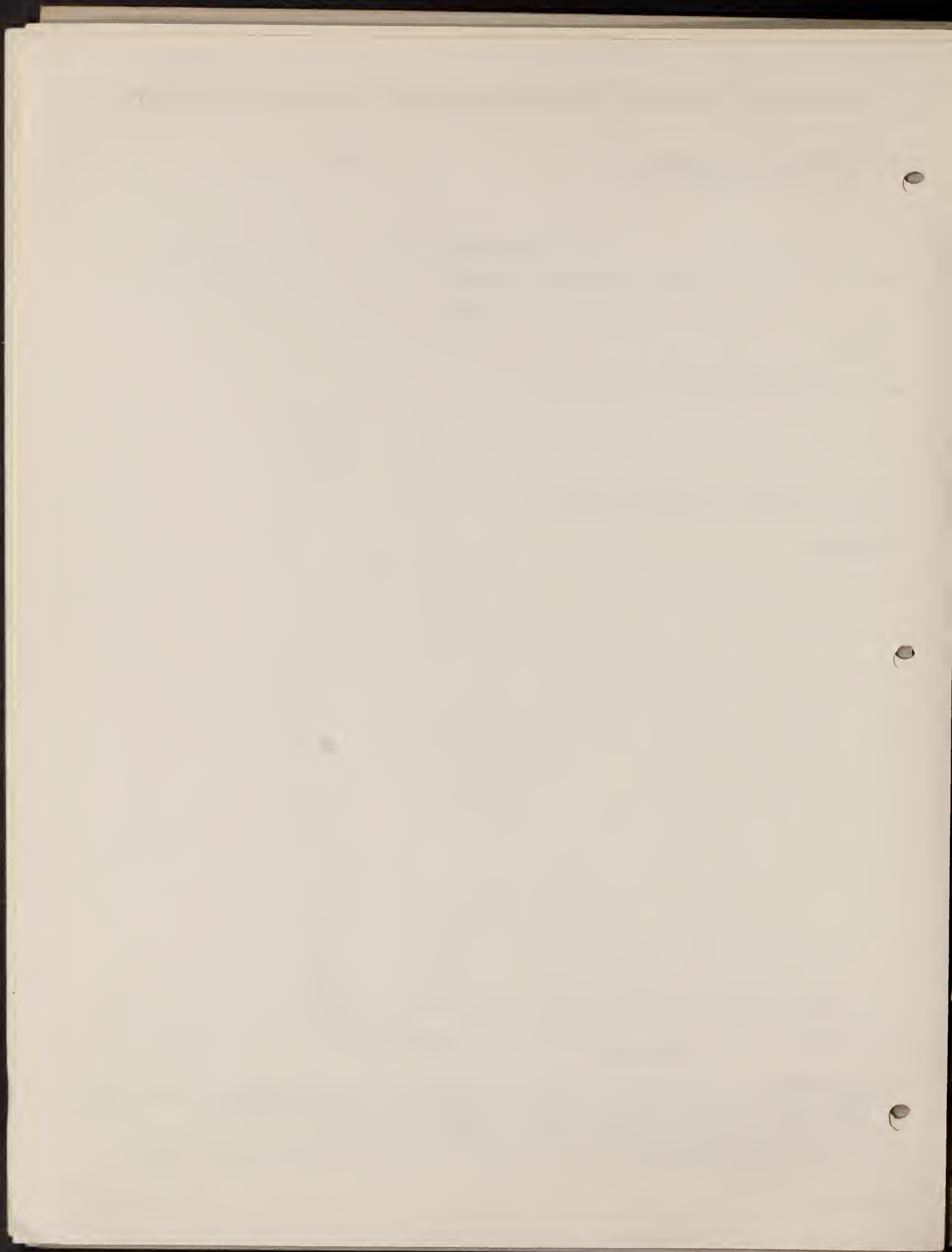
MINUTES:

APPROVED BY: _____
SECTION DIRECTOR

COMPILED BY: _____
SECTION SECRETARY

INSTRUCTIONS:

- (A) INCLUDE HEREON THE ACTIONS TAKEN BY THE BOARD ON THE STATUS OF THE MEMBERS LISTED ON FORM S-8 OF THE PRESENT MONTHLY REPORT, NAMELY: NEW MA'S; TRANSFERS IN; TRANSFERS OUT; RESIGNATIONS; DISMISSALS.
- (B) WRITE ADDITIONAL MINUTES ON THE OTHER SIDE OF THIS FORM IF VOLUME REQUIRES.
- (C) IF MORE THAN ONE BOARD MEETING HELD, REPORT EACH ONE ON A SEPARATE FORM S-3 AND ATTACH TOGETHER.
- (D) PREPARE THIS REPORT IN DUPLICATE.
- (E) ORIGINAL MUST BE DELIVERED ON SCHEDULE TO THE TREASURER TO ACCOMPANY HIS MONTHLY REPORT TO CHQ.



SECTION MEMBERSHIP MEETING REPORT

TO: DIVISION OF ORGANIZATION
CHQ, TECHNOCRACY INC.

FROM:

MONTH COVERED

DATE COMPILED

SECTION STAMP

DATE HELD:

PLACE:

CHAIRMAN:

NUMBER OF MEMBERS PRESENT

ROLL OF OFFICERS PRESENT (LAST NAME ONLY):

ABSENTEE OFFICERS (IF EXCUSED, STATE SO):

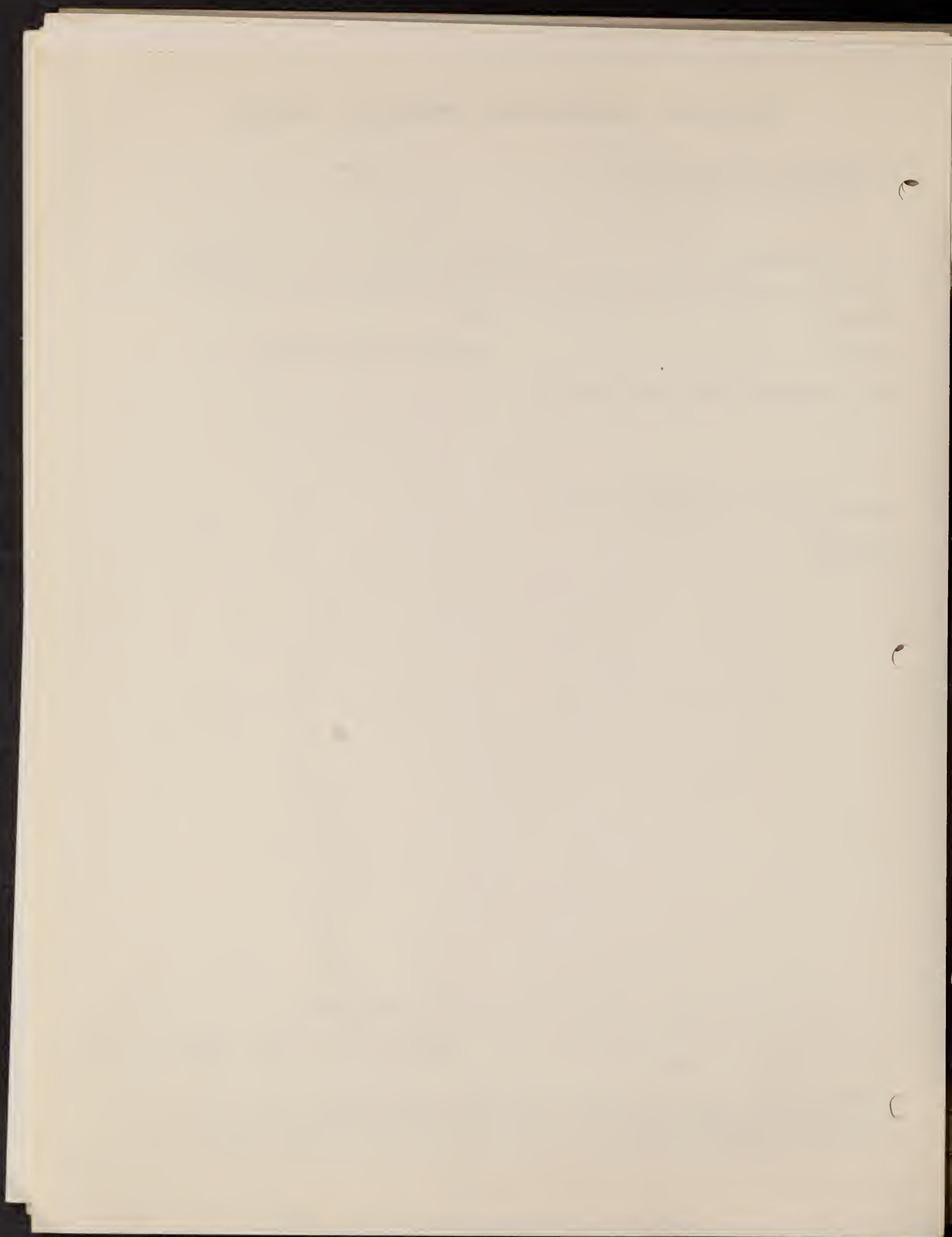
MINUTES:

APPROVED BY: _____
SECTION DIRECTOR

COMPILED BY: _____
SECTION SECRETARY

INSTRUCTIONS:

- (A) WRITE ADDITIONAL MINUTES ON THE OTHER SIDE OF THIS FORM IF VOLUME REQUIRES
- (B) IF MORE THAN ONE MEMBERSHIP MEETING HELD, REPORT EACH ON A SEPARATE FORM S-4 AND ATTACH TOGETHER
- (C) PREPARE THIS REPORT IN DUPLICATE
- (D) ORIGINAL MUST BE DELIVERED ON SCHEDULE TO THE TREASURER TO ACCOMPANY HIS MONTHLY REPORT TO CHQ



LITERATURE REPORT

TO: CHQ, TECHNOCRACY INC.
DIVISION OF PUBLICATIONS

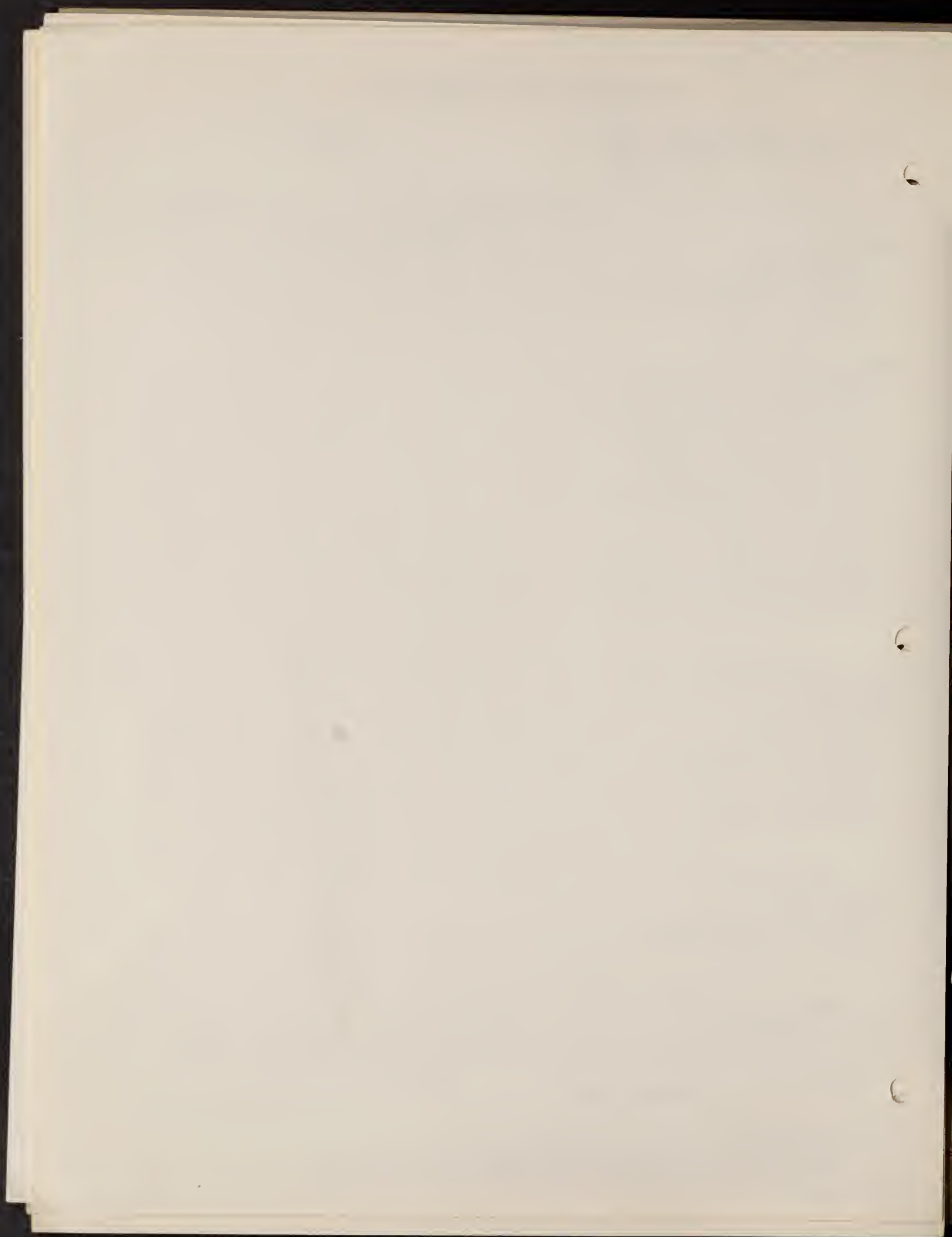
FROM:

PERIOD COVERED	DATE COMPILED		SECTION STAMP					
	OLD STOCK	STOCK ADDED	TOTAL STOCK	NUMBER SOLD	DISTR. FREE	ON HAND	SALES RCPTS.	TOTALS
MAGAZINES:								
THE TECHNOCRAT							\$	
THE NORTHWEST TECHNOCRAT								
TECHNOCRACY DIGEST								
OTHERS								
TOTAL MAGAZINES \$	
PAMPHLETS:								
INTRODUCTION TO TECHNOCRACY							\$	
MAN-HOURS AND DISTRIBUTION								
CONTINENTALISM: MANDATE OF SURVIVAL								
OUR COUNTRY, RIGHT OR WRONG								
AMERICA MUST SHOW THE WAY								
MAKE WAY FOR SOCIAL CHANGE								
THE CULTURE OF ABUNDANCE, ETC.								
THE ENERGY CERTIFICATE								
SELLOUT OF THE AGES								
"THERE'LL ALWAYS BE AN ENGLAND"								
SCIENCE vs CHAOS								
TOTAL CONSCRIPTION: QUESTIONS ANS.								
BYLAWS & GENERAL REGULATIONS								
TOTAL PAMPHLETS \$	
TECHNOCRACY STUDY COURSE								
LEAFLETS:								
CONTACT FOLDER							\$	
SO WHAT?								
CONTINENTAL HYDROLOGY								
POWER FOR A CONTINENT								
FLYING WING								
TECHNOCRACY BRIEFS								
TOTAL LEAFLETS \$	
OTHER ITEMS:								
TECHNOCRATIC AMERICA								
TECHNOCRATIC TRENDEVENTS								
SECTION BULLETINS								
TOTAL \$	
TOTAL (ALL ITEMS)								
						 \$	

APPROVED BY: _____
DIRECTOR OR ORGANIZER

COMPILED BY: _____
FUNCTIONAL DESIGNATION

- INSTRUCTIONS:
- A. ADD OTHER ITEMS, IF STOCKED, IN SPACES PROVIDED.
 - B. PREPARE THIS REPORT IN DUPLICATE, ONE COPY FOR CHQ, ONE FOR LOCAL FILES.
 - C. SEND ORIGINAL COPY TO CHQ WITH REGULAR REPORTS.
 - D. TREASURER: CARRY TOTAL RECEIPTS FORWARD TO S-10 UNDER "INCOME RECEIPTS."



SECTION CLIPPING REPORT

TO: DIVISION OF PUBLICATIONS
CHQ, TECHNOCRACY INC.

FROM:

MONTH COVERED

DATE COMPILED

SECTION STAMP

DATE

PUBLICATION

Classif.

TITLE OR SUBJECT

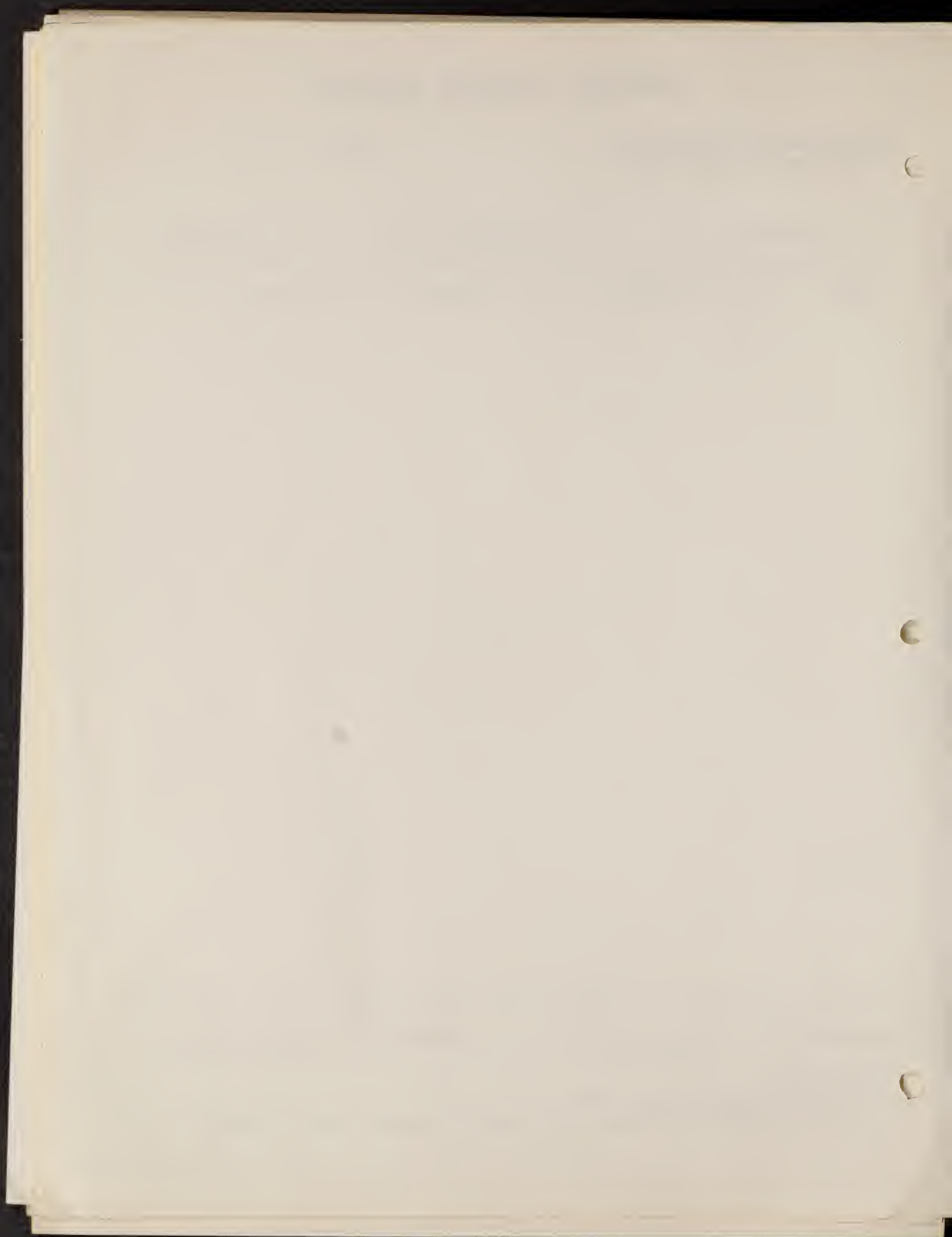
REMARKS:

APPROVED BY: _____
SECTION DIRECTOR

COMPILED BY: _____
CHAIR OF RESEARCH COM

INSTRUCTIONS:

- (A) EACH CLIPPING MUST BEAR DATE AND SOURCE.
- (B) PREPARE THIS REPORT IN DUPLICATE.
- (C) ORIGINAL MUST BE DELIVERED ON SCHEDULE TO THE TREASURER TO ACCOMPANY HIS MONTHLY REPORT TO CHQ



FIELD ORDER FORM

TO: DIVISION OF SUPPLIES
CHQ, TECHNOCRACY INC.

FROM:

DATE ORDERED

SECTION STAMP

ITEMS OBTAINABLE FROM CHQ

QUANTITY
ORDERED

UNIT PRICE—
CHARGE ITEMS

AMOUNT FOR
CHARGE ITEMS

\$

\$

WHEN THIS ORDER IS ATTACHED TO THE MONTHLY REPORT TO CHQ AND ACCOMPANIED BY
PAYMENT THEREOF, TREASURER FORWARD TO S-9 THIS

TOTAL: \$

APPROVED BY: _____
SECTION DIRECTOR

MADE OUT BY: _____
AUTHORIZED OFFICER (SHOW OFFICE)

INSTRUCTIONS:

(A) IF CHARGE ITEMS ORDERED, PLEASE CHECK WHETHER— ☐ HEREWITH IS PAYMENT IN FULL: \$

☐ NO PAYMENT HEREWITH, PLEASE SEND INVOICE ☐ HEREWITH IS PAYMENT IN PART: \$

(B) PREPARE THIS FIELD ORDER IN DUPLICATE. ONLY THE ORIGINAL IS TO BE SENT TO CHQ.

DO NOT WRITE IN THIS ENCLOSED SPACE—FOR CHQ USE ONLY

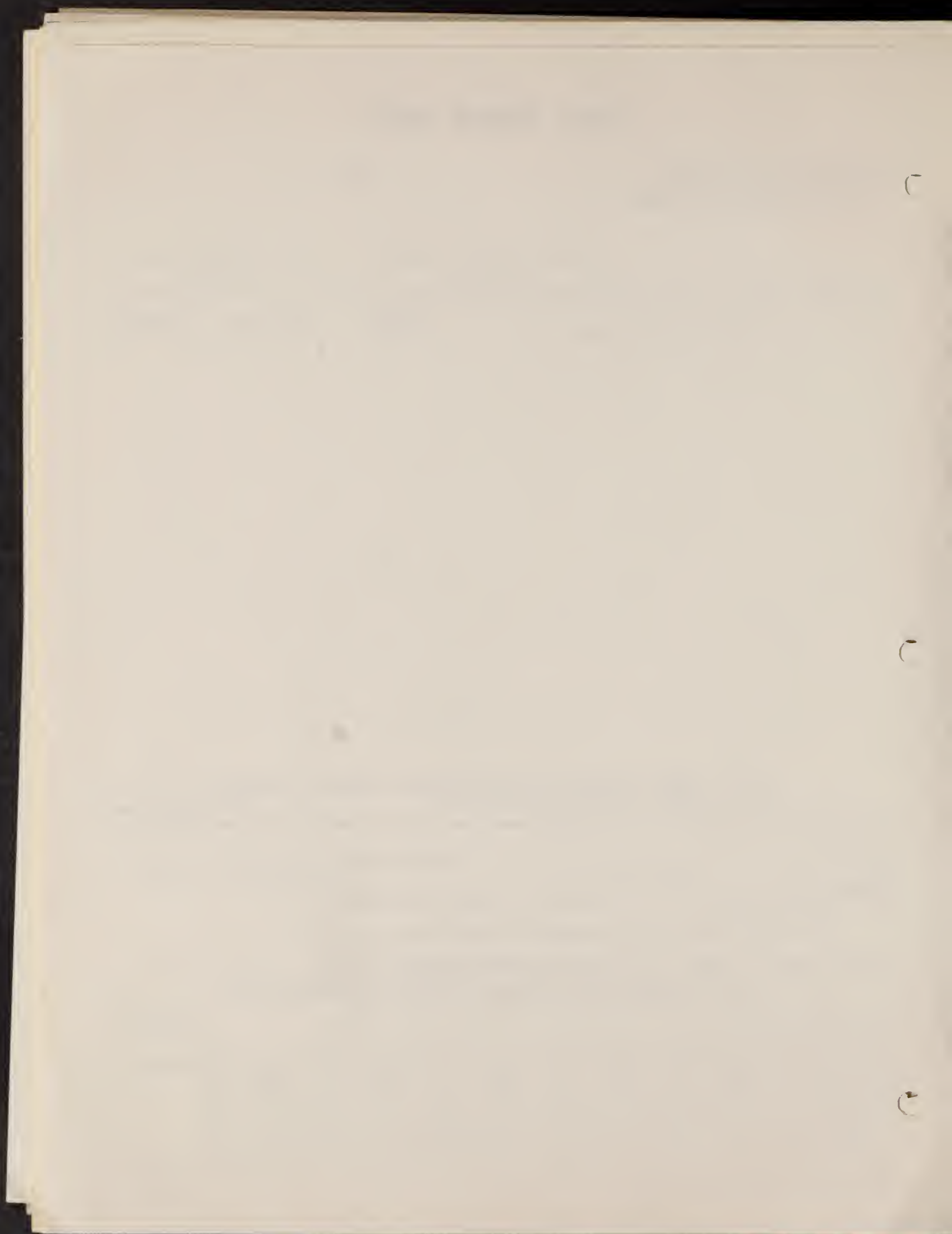
DATE ENTERED

REF. _____

INVOICE NO.

DATE SHIPPED	REA	PP	PM	FCM	AM
VIA					
NO. OF PIECES					
WEIGHT					
CHARGES					

CUSTOMS INV.



SECTION MEMBERSHIP REPORT

TO: DIVISION OF ORGANIZATION
CHQ, TECHNOCRACY INC.

FROM:

MONTH COVERED

DATE COMPILED

SECTION STAMP

TABLE							
DUES PAYING GROUP	A TOTAL NUMBER LAST MONTH'S ENROLLMENT	B DEDUCTIONS TRANSFERS OUT, GROUP CHANGES, DEATHS, RESIGNATIONS, DISMISSALS - DUES DISMISSALS - CONDUCT	C ADDITIONS TRANSFERS IN, GROUP CHANGES, NEW MAS. REINSTATEMENTS	D TOTAL NUMBER THIS MONTH'S ENROLLMENT	DUES TO CHQ		
					BACK DUES PAID ON REINSTATEMENT	CURRENT	TOTAL
#1 (PAID UP TO DEC. 31)					\$	\$	\$
#2 (MONTHLY INSTALMENT BASIS)							
COLUMN TOTALS					\$	\$	\$

CARRY TOTAL OF LAST COLUMN FORWARD TO 9-9

DEDUCTIONS (COLUMN B OF TABLE)

TRANSFERS OUT		TRANSFER CLEARANCE NUMBER	TO WHAT SECTION (SHOW NO.)	S-3 REFERENCE DATE	FROM GROUP CHECK (✓)	
NAME AND ADDRESS					I	II
GROUP CHANGES (ON THE JANUARY S-8 REPORT, LIST THE NAMES OF THOSE MEMBERS WHO ARE STARTING THE YEAR IN GROUP I; AFTER THAT, LIST ONLY ADDITIONS TO GROUP I)						
NAME						
DEATHS, RESIGNATIONS, DISMISSALS—DUES, DISMISSALS—CONDUCT			INDICATE: DEATH, RESIGNATION, DISMISSAL - DUES, DISMISSAL - CONDUCT	S-3 REFERENCE DATE		
NAME AND ADDRESS						
ADD CHECK (✓) MARKS AND FORWARD TOTAL FOR EACH GROUP TO COLUMN B					TOTALS:	

ADDITIONS (COLUMN C OF TABLE)

TRANSFERS IN	TRANSFER CLEARANCE NUMBER	FROM WHAT SECTION (SHOW NO.)	S-3 REFERENCE DATE	TO GROUP CHECK (V)	
NAME AND ADDRESS				I	II
GROUP CHANGES (LIST OF NAMES NOT REQUIRED, AS THEY ARE THE SAME AS GROUP CHANGES UNDER DEDUCTIONS)					
NEW MAS ACCEPTED THIS MONTH (APPLICATIONS ATTACHED), REINSTATEMENTS (INDICATE AFTER EACH NAME THE AMOUNT OF CHQ SHARE OF BACK DUES BEING FORWARDED WITH THIS REPORT. ALSO SHOW CHQ REFERENCE NUMBER.)					
NAME			S-3 REFERENCE DATE		
ADD CHECK (V) MARKS AND FORWARD TOTAL FOR EACH GROUP TO COLUMN C				TOTALS:	

RECORDED AT CHQ

DATE:

CHECKED BY:

COMPILED BY: _____
SECTION TREASURER

APPROVED BY: _____
SECTION DIRECTOR

INSTRUCTIONS

- (A) ENTRIES UNDER COLUMN A IN THE TABLE MUST COINCIDE WITH THE ENTRIES UNDER COLUMN D OF LAST MONTH'S REPORT.
- (B) THIS REPORT TO BE PREPARED IN DUPLICATE.
- (C) TREASURER MUST INCLUDE BOTH COPIES WITH OTHER MONTHLY REPORTS TO CHQ. ONE COPY WILL BE CHECKED AND RETURNED.

SECTION RECAPITULATION SHEET

TO: DIVISION OF FINANCE
CHQ, TECHNOCRACY INC.

FROM:

MONTH COVERED

DATE COMPILED

SECTION STAMP

AMOUNT

1. TOTAL MEMBERSHIP DUES BROUGHT FORWARD FROM S-8:
(LIST CHQ D-BILLS, DEBIT & CREDIT, UNDER NO. 2)

\$.....

2. CHQ INVOICES BEING PAID FOR HEREWITH

DATE	INVOICE NO.	AMOUNT
		\$

TOTAL: \$.....

3. ITEMS ORDERED (IF ANY) AND PAID FOR HEREWITH.
TOTAL BROUGHT FORWARD FROM S-7 ATTACHED

\$.....

4. MISC. (FILL IN)

\$.....

TOTAL REMITTANCE TO CHQ: \$

TREASURER CARRY THIS
TOTAL FORWARD TO S-10
UNDER DISBURSEMENTS

RECEIVED PAYMENT

DIVISION OF FINANCE
CHQ, TECHNOCRACY INC.

DATE:

By:

APPROVED BY:

SECTION DIRECTOR

COMPILED BY:

SECTION TREASURER

INSTRUCTIONS:

(A) PREPARE IN DUPLICATE

(B) TREASURER MUST INCLUDE BOTH COPIES IN HIS MONTHLY REPORT TO CHQ. ONE COPY WILL BE RECEIPTED AND RETURNED.

SECTION FINANCIAL SHEET

TO: DIVISION OF FINANCE
CHQ, TECHNOCRACY INC.

FROM:

MONTH COVERED	DATE COMPILED	SECTION STAMP
ITEMS		DISBURSEMENTS (PAID THIS MO.)
		ACCOUNTS PAYABLE (UNPAID BILLS)
**TOTAL REMITTANCE TO CHQ FROM S-9		\$
SPECIAL REMITTANCE IF ANY TO CHQ DURING THIS MO. (NOT ON S-9)		\$
TOTAL UNPAID CHQ INVOICES (NOT INCLUDED ON S-9)		
SHQ RENT		
UTILITIES: TEL. \$ ELEC. \$ FUEL \$ (TOTAL)		
PRINTING, MIMEOGRAPHING, ETC.		
POSTAGE		
STATIONERY AND OFFICE SUPPLIES		
SUPPLIES FOR KITCHEN AND SOCIALS		
FIELD MAGAZINES: BUNDLES \$ SUBS \$ (TOTAL)		
MISC. (INCLUDE BANK SERVICE AND ITEMIZE IF OVER \$10.00)		
TOTALS:		\$

** ENTER THIS ITEM AS A DISBURSEMENT EVEN THOUGH CHECK OR MONEY
ORDER ACTUALLY MAY HAVE BEEN DRAWN AFTER THE CLOSE OF THE MONTH COVERED.
*** IF ALL BILLS ARE PAID, TYPE IN 'PAID'.

ACCOUNTS RECEIVABLE		INCOME RECEIPTS	
ITEMS	AMOUNT	ITEMS	AMOUNT
UNCOLLECTED OWES	\$	MEMBERSHIP DUES	\$
MISC:		MEETING COLLECTIONS AND ADMISSIONS (FROM S-1, S-2 AND MEMB. AND BD. MEETINGS)	
		DONATIONS	
		PLEDGES	
		SOCIALS AND KITCHEN	
		SALES RECEIPTS TOTAL FROM S-5	
		MISC. (INCLUDE EMBLEMS AND ITEMIZE IF OVER \$10.00)	
TOTAL:	\$	TOTAL:	\$

RECORDED
DIVISION OF FINANCE
CHQ, TECHNOCRACY INC.

DATE: By:

ON HAND AT END OF LAST MONTH: \$
TOTAL: \$

LESS TOTAL DISBURSEMENTS ABOVE: \$
ON HAND AT END OF THIS MONTH: \$

APPROVED BY: SECTION DIRECTOR
COMPILED BY: SECTION TREASURER

INSTRUCTIONS:
(A) PREPARE IN DUPLICATE.
(B) TREASURER MUST INCLUDE BOTH COPIES OF HIS MONTHLY REPORT TO CHQ. ONE COPY WILL BE ACKNOWLEDGED AND RETURNED.

